

RIVERDALE HEALTHCARE & REHAB
1000 N WISCONSIN AVE

MUSCODA 53573 Phone: (608) 739-3186
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 58
Total Licensed Bed Capacity (12/31/04): 58
Number of Residents on 12/31/04: 51

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 51

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		39.2
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		35.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.8	More Than 4 Years		25.5
Day Services	No	Mental Illness (Org./Psy)	19.6	65 - 74	9.8			-----
Respite Care	No	Mental Illness (Other)	7.8	75 - 84	31.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	23.5	65 & Over	90.2	-----		
Transportation	No	Cerebrovascular	5.9		-----	RNs		9.8
Referral Service	No	Diabetes	7.8	Gender	%	LPNs		12.1
Other Services	Yes	Respiratory	3.9	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	23.5	Male	33.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	66.7			
Provide Day Programming for			100.0	-----	-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	2	100.0	206	2	5.3	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	7.8	
Skilled Care	0	0.0	0	34	89.5	115	1	100.0	103	8	100.0	161	1	100.0	115	1	100.0	161	45	88.2	
Intermediate	---	---	---	2	5.3	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.9	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	2	100.0		38	100.0		1	100.0		8	100.0		1	100.0		1	100.0		51	100.0	

Admissions, Discharges, and Deaths During Reporting Period			Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04										

							% Needing				Total		
Percent Admissions from:			Activities of		% Independent	Assistance of		% Totally		Number of			
			Daily Living (ADL)			One Or Two Staff		Dependent		Residents			
Private Home/No Home Health 8.7			Bathing		2.0	41.2		56.9		51			
Private Home/With Home Health 0.0			Dressing		27.5	66.7		5.9		51			
Other Nursing Homes 4.3			Transferring		33.3	54.9		11.8		51			
Acute Care Hospitals 87.0			Toilet Use		29.4	60.8		9.8		51			
Psych. Hosp.-MR/DD Facilities 0.0			Eating		70.6	23.5		5.9		51			
Rehabilitation Hospitals 0.0			*****										
Other Locations 0.0													
Total Number of Admissions 92			Continence			%		Special Treatments		%			
Percent Discharges To:			Indwelling Or External Catheter		3.9	Receiving Respiratory Care				19.6			
Private Home/No Home Health 43.6			Occ/Freq. Incontinent of Bladder		49.0	Receiving Tracheostomy Care				0.0			
Private Home/With Home Health 9.6			Occ/Freq. Incontinent of Bowel		25.5	Receiving Suctioning				0.0			
Other Nursing Homes 6.4						Receiving Ostomy Care				7.8			
Acute Care Hospitals 13.8			Mobility			Receiving Tube Feeding				5.9			
Psych. Hosp.-MR/DD Facilities 1.1			Physically Restrained		0.0	Receiving Mechanically Altered Diets				21.6			
Rehabilitation Hospitals 0.0													
Other Locations 0.0			Skin Care			Other Resident Characteristics							
Deaths 25.5			With Pressure Sores		0.0	Have Advance Directives				96.1			
Total Number of Discharges			With Rashes		0.0	Medications							
(Including Deaths) 94						Receiving Psychoactive Drugs				15.7			

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary Peer Group		Bed Size: 50-99 Peer Group		Licensure: Skilled Peer Group		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.9	84.2	1.04	88.5	0.99	87.7	1.00	88.8	0.99
Current Residents from In-County	72.5	76.9	0.94	72.5	1.00	70.1	1.03	77.4	0.94
Admissions from In-County, Still Residing	16.3	19.0	0.86	19.6	0.83	21.3	0.76	19.4	0.84
Admissions/Average Daily Census	180.4	161.6	1.12	144.1	1.25	116.7	1.55	146.5	1.23
Discharges/Average Daily Census	184.3	161.5	1.14	142.5	1.29	117.9	1.56	148.0	1.25
Discharges To Private Residence/Average Daily Census	98.0	70.9	1.38	59.0	1.66	49.0	2.00	66.9	1.46
Residents Receiving Skilled Care	96.1	95.5	1.01	95.0	1.01	93.5	1.03	89.9	1.07
Residents Aged 65 and Older	90.2	93.5	0.96	94.5	0.95	92.7	0.97	87.9	1.03
Title 19 (Medicaid) Funded Residents	74.5	65.3	1.14	66.3	1.12	68.9	1.08	66.1	1.13
Private Pay Funded Residents	15.7	18.2	0.86	20.8	0.76	19.5	0.80	20.6	0.76
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	27.5	28.5	0.96	32.3	0.85	36.0	0.76	33.6	0.82
General Medical Service Residents	23.5	28.9	0.81	25.9	0.91	25.3	0.93	21.1	1.12
Impaired ADL (Mean)	43.1	48.8	0.88	49.7	0.87	48.1	0.90	49.4	0.87
Psychological Problems	15.7	59.8	0.26	60.4	0.26	61.7	0.25	57.7	0.27
Nursing Care Required (Mean)	6.9	6.5	1.06	6.5	1.06	7.2	0.95	7.4	0.92